## ARKANSAS DEPARTMENT OF HEALTH LLM INCIDENT REPORT

FC	OR ADH USI	E ONLY	
Date Re	ceived		
By Mail		By Fax	
# of Repo	rt Pages		

Client Name: EDD:  LLM Action: Consult Referral Transfer Transport  Third Risk Assessment (Post Dates) Authorized Emergency Measures  Other Incident: Hospitalization of Mother/Newborn within 30 Days of Delive (Must report within 5 business days)  Maternal/Newborn Death within 48 hours Delivery (Must report within 2 business days)  Describe the Condition identified by the LLM and the Related History that led to List to	Un-Authorized Emergency Measures  ery Unattended Home Birth  OR Within 2-30 days of Birth  (Must report within 5 business days)
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CPM/MBC Informed Refusal Form Date Signed: List to Consultants Name (Physician, CNM, or ADH Clinician):	o the LLM's Action:
Consultants Name (Physician, CNM, or ADH Clinician):	
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Consultants Name (Physician, CNM, or ADH Clinician):	
	the Refused Requirement(s):
HospitalAddress	Phone Number
Findings of Consultant:	
Recommendations and Actions of Consultant of the Consultant (for authorized en	mergency measures attach signed MD/CNM orders
LLM Plan of Care:	
Outcome of Care. With delivery of the newborn, include the Method of Birth, Bir	
	rth Weight, Apgars, any Complications:

In accordance with the <u>Rules and Regulations Governing the Practice of Licensed Lay Midwifery in Arkansas (year)</u> the Incident Report must be mailed to ADH by the 10<sup>th</sup> of the month following the event; earlier reporting is required for certain events as noted in this form. Enclose the report with the corresponding Caseload and Birth Log for the month. Documentation of medical consults must be maintained in the client health record and made available upon request.